


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90124 041 ***150.00

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1. Entity Name
PRIVATE MORTGAGE INVESTORS, INC.



Principal Place of Business: **3000 SW 3RD AVENUE 708 MIAMI, FL 33129**

Mailing Address: **3000 SW 3RD AVENUE 708 MIAMI, FL 33129**

2. Principal Place of Business - No P.O. Box #
808 Brickell Key Drive

3. Mailing Address
808 Brickell Key Drive

Suite, Apt. #, etc.
2804

City & State
Miami, FL

Zip **33131** Country **USA**

40081703



03102008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0903076**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DORTA, HUGO E PA
3000 SW 3RD AVENUE
708
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name **Hugo E. Dorta**

Street Address (P.O. Box Number is Not Acceptable)
808 Brickell Key Drive
Suite 2804

City **Miami** State **FL** Zip Code **33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MGRM D P	<input type="checkbox"/> Delete
NAME	DORTA, HUGO E	
STREET ADDRESS	3000 SW 3RD AVENUE, #708	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MGRM President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hugo E. Dorta	
STREET ADDRESS	808 Brickell Key Drive, Suite 2804	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports are true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with all other fees, provided.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director) Date _____ Daytime Phone # _____